U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U. 2642

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	5 1 2004 Through: 4 30 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Matthew D Loeb	Name IATSE
	Labor Organization File Number 000-172
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1430 Broadway	Street 1430 Broadway
City New York	City New York
State ZIP Code + 4 10018	State New York ZIP Code + 4 10018
5. Position in labor organization.	dent a management of the control of
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Columbia Tristar	Dinner 7/21
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 10202 West Washington Blvd.	
City Culver City	\$75
State California ZIP Code + 4 90232	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed My AD. 21	On 6/27/2005 212-730-1770
Cognica V Table V Tabl	Date Telephone Number
	Tolephone Humber

Name of Person Filing Matthew Loeb	File Number U-2642	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Salibello & Broder Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 6500 Wilshire Blvd. City Los Angeles State California ZIP Code + 4 90048	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name IATSE National Benefit Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any 5th Floor Street 59 West 39th Street	11.a. Nature of such dealing. Sponsor - Musicians Charity Golf 10/18/04	
City New York State New York ZIP Code + 4 10018	11.b. Approximate dollar value of such dealing. \$65 12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	or other thing of value. 14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Matthew Loeb	File Number U- 2642
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Geffner Bush	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 3500 West Olive Avenue	C. Employer
City Burbank	
State California ZIP Code + 4 91505	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name IATSE	Holiday Gift - 2 bottles wine 12/04
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any 20th Floor	
Street 1430 Broadway	11.b. Approximate dollar value of such dealing. \$60
City New York	12.a. Nature of interest held or income received.
State New York ZIP Code + 4 10018	
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment

	Auctor	
Name of Person Filing Matthew Loeb	File Number U-2042	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name IATSE National Benefit Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any 5th Floor Street 59 West 39th Street City New York State New York ZIP Code + 4 10018	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name IATSE National Benefit Funds	11.a. Nature of such dealing. Dinner meeting w / Trustees 12/6/2004	
Trade Name, if any: P.O. Box, Bldg., Room No., if any 5th Floor Street 59 West 39th Street City New York	11.b. Approximate dollar value of such dealing. \$65 12.a. Nature of interest held or income received.	
State New York ZIP Code + 4 10018	12.b. Amount.	
	I	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13. a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	14.a. Nature of payment.	
P.O. Box, Bldg., Room No., if any Street City		
State ZIP Code + 4		
13 h le the Business an Employer or Consultant 2	14.b. Amount of payment.	

Name of Person Filing Matthew Loeb	File Number U- 2642	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Delta Dental	a. Labor Organization	
Trade Name, if any:	a. Labor Organization D. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 12898 Towne Center Dr		
City Cerritos		
State California ZIP Code + 4 90703		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name IATSE National Benefit Funds	Golf 10/19/04	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any 5th Floor		
Street 59 West 39th Street	11.b. Approximate dollar value of such dealing. \$65	
City New York	12.a. Nature of interest held or income received.	
State New York ZIP Code + 4 10018		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Matthew Loeb	File Number U- 3692
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Pacificare Behavioral Health	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any Suite 400	b. Trust
Street 5990 Sepulveda Blvd	i i i c. Empoyer
City Van Nuys	
State California ZIP Code + 4 91411	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name IATSE National Benefit Funds	Dinner 2/28/05
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any 5th Floor	
Street 59 West 39th Street	11.b. Approximate dollar value of such dealing. \$65
City New York	11.b. Approximate dollar value of such dealing. \$65 12.a. Nature of interest held or income received.
State New York ZIP Code + 4 10018	,
	İ.
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Matthew Loeb	File Number U- 2642	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Union Wellness	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any Suite 360	c. Employer	
Street 5990 Sepulveda Blvd		
City Van Nuys		
State California ZIP Code + 4 91411		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name IATSE National Benefit Funds	Dinner & Golf 4/17/05	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any 5th Floor		
Street 59 West 39th Street	11.b. Approximate dollar value of such dealing. \$100	
City New York	12.a. Nature of interest held or income received.	
State New York ZIP Code + 4 10018		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Matthew Loeb	File Number U- 2642
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in which your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Geffner Bush Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3500 West Olive Avenue City Burbank State California ZIP Code + 4 91505	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name IATSE Trade Name, if any: P.O. Box, Bldg., Room No., if any 20th Floor Street 1430 Broadway	11.a. Nature of such dealing. Dinner 10/18/04 11.b. Approximate dollar value of such dealing. \$65
City New York State New York ZIP Code + 4 10018	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	1

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

City

State